

group comparison. Peri-operative (length of vein treated, laser density, procedure duration, technical failure) and postoperative outcomes (anatomical success, Aberdeen Varicose Veins Questionnaire [AVVQ], Venous Clinical Severity Score [VCSS], recurrence rates) were recorded at 1,6,12&52 weeks.

Results: Inter-group analysis: Statistically significant increase over time was observed in the length of vein treated & laser density delivered; while decreasing trend was observed in median procedure duration (Kruskal-Wallis ANOVA, $p < 0.05$). No significant difference was observed in technical failure, anatomical success, recurrence rates, AVVQ and VCSS scores at 3 months post intervention. Intra-group analysis: AVVQ & VCSS scores demonstrated significant improvement at 3 months compared to baseline (Wilcoxon signed rank, $p < 0.05$).

Conclusion: Technical and clinical efficacy of EVLT in the short term is well established. Operator skills can be readily acquired to deliver efficient & effective service with consistent outcomes.

0624 **AUDIT OF HIP FRACTURE MANAGEMENT AND RECOMMENDATIONS FOR QUALIFYING FOR THE BEST PRACTICE TARIFF**
Shradha Gupta, Naresh Somashekar, Timothy Rawson, Charles Gibbons.
Chelsea and Westminster Hospital, London, UK

Introduction: Improving outcomes following hip fractures has been a constant focus within Trauma and Orthopaedics. Commencing April 2010, the Department of Health set-out standards for a Best Practice Tariff (BPT) (£445 + Market-Forces-Factor) for the management of hip fractures as part of the NHS commitment to “High Quality Care for All”. Patients must be admitted under the joint-care of a consultant orthogeriatrician and orthopaedic surgeon; Time to surgery must be within 36 hours from arrival. Compliance is monitored using the National Hip Fracture Database (NHFD).

Method: We conducted a retrospective audit over 12 months of practices within our Trauma and Orthopaedic department against these new standards to quantify the financial implications of the BPT.

Results: We operated on 85 hip-fracture patients. Potential losses incurred by operations delayed beyond 36 hours were £15,600; from incomplete/incorrect data entry into NHFD were £43,440; from the absence of orthogeriatric involvement were £49,300. Potential gain from reducing hospital stays by 1 day-per-patient plus qualifying for BPT was £91,800.

Conclusion: The BPT offers considerable “real” money incentives. We have compiled recommendations for units to improve their services and gain significant additional income whilst providing higher quality of care for this vulnerable group of patients.

0627 **DO PROPHYLACTIC COMPRESSION GARMENTS REDUCE COMPLICATIONS IN BLOCK DISSECTION?**

Camille Yvon¹, Kamil Asaad², Ben H. Miranda³, Jenny L C Geh², ¹King's College London, London, UK; ²Guy's And St Thomas' NHS Foundation Trust, London, UK; ³St George's Healthcare NHS Trust, London, UK

Aims and Objectives: NICE guidelines, 2006, state at least 15 block dissections / surgeon / year. Block dissections performed electively or therapeutically in the axilla or groin, usually for skin malignancy are investigated in this paper. The aim of this study was to determine if a benefit would be derived from compression garments applied immediately post-operatively compared to those applied after the onset of lymphoedema.

Materials and Methods: Prospective data on 2 groups of patients operated on by the same surgeon were reviewed over 2 years.

The use of prophylactic compression garments was routine in 1 group ($n=23$) and not used routinely in the other group ($n=20$) as per protocol in two different trusts. The indications for surgery and complications including infection, readmission and lymphoedema were examined.

Results: The majority of patients were treated for stage III/IV melanoma; other indications included SCC.

Our findings showed a significantly higher rate of complications in those patients not treated with immediate post-operative compression garments.

Conclusions: Compression garments appear to reduce complication rate, particularly lymphoedema. Providing a prophylactic compression garment service could significantly reduce the incidence and cost of post-operative complications in block dissections.

0629 **GALLSTONE PANCREATITIS: OUTCOMES OF POOR COMPLIANCE TO GUIDELINES**

Emily Adam, Nicola Tanner, Xavier Escofet. *Prince Charles Hospital, Merthyr Tydfil, UK*

Aim: UK guidelines recommend ERCP within 72 hours for severe gallstone pancreatitis. Definitive management with cholecystectomy should be performed during the same admission or within 2 weeks. Our aim was to assess management of gallstone pancreatitis in our institution.

Method: Retrospective analysis of all patients admitted between 2000–2010 with a first episode of gallstone pancreatitis.

Results: 67 patients were identified (mean age 35 years [18–87]). The overall mortality was 4% (3/67). 58% (39/67) received interventional treatment for gallstones. 46% (31/67) had cholecystectomy only; 68% (21/31) laparoscopic and 32% (10/31) open. 90% (28/31) had surgery within 6 months, 7% (2/31) within 2 weeks and 3% (1/31) during admission. Median time delay was 90 days [3–365]. 12% (8/67) had ERCP. Only 1 patient had ERCP within 72 hours, 6 patients (75%) during the same admission and the remaining within 6 weeks. 3 patients had ERCP only whilst 5 also had cholecystectomy. 12% (8/67) of patients were readmitted with biliarypancreatic complications on at least 1 occasion (median time interval 10 days [1–122]). There were no readmissions AFTER definitive treatment.

Conclusion: Our data shows poor compliance with UK guidelines resulting in high readmission rates. An increase in resources is required to facilitate availability of earlier treatment.

0631 **THE EFFECT OF PSYCHOLOGICAL STATUS ON PAIN AND SURGICAL OUTCOME IN PATIENTS REQUIRING ARTHROSCOPIC SUBACROMIAL DECOMPRESSION**

Thomas Yeoman, Carlos Wigderowitz. *Ninewells Hospital, Dundee, UK*

Background: Preoperative depression and anxiety have been linked to poorer postoperative outcomes such as increased pain. Few previous studies have investigated these relationships in patients requiring upper limb orthopaedic surgery. This study aims to explore the relationship between preoperative depression and anxiety and postoperative shoulder pain and function in patients requiring arthroscopic subacromial decompression (ASAD) for impingement syndrome.

Methods: This prospective study investigated a series of ASAD patients in 2009/2010. Mental status, shoulder function and shoulder pain were measured using the Hospital anxiety and depression scale, the Oxford shoulder score and the Pain visual analogue scale. Questionnaires were completed 2 weeks preoperatively and 3 and 6 weeks postoperatively.

Results: 31 patients (20 female; 11 male; mean age 55 years) participated. Preoperatively 9 (29%) patients were anxious, 9 were depressed and 5 were both. No significant correlation was seen between preoperative depression and anxiety and postoperative shoulder pain and function scores. Preoperative anxiety correlated significantly with preoperative shoulder pain ($p < 0.05$). Shoulder pain, function and mental state scores improved significantly by 6 weeks postoperatively ($p < 0.05$).

Conclusion: Mental state improved significantly during the postoperative period. However preoperative mental status did not predict the outcome of ASAD in patients with impingement syndrome.

0632 **THE EFFICACY OF IN-PATIENT ENDOSCOPIC RETROGRADE CHOLAN-GIOPANCREATOGRAPHY (ERCP) SERVICE FOR PATIENTS WITH COMMON BILE DUCT (CBD) OBSTRUCTION**

Maidie Yeung, Ian Harris. *Lancashire Teaching Hospitals NHS Foundation Trust, Lancashire, UK*

Aim: To investigate the efficacy of in-patient ERCP service for patients with CBD obstruction.

Methods: Retrospective study of patients admitted with CBD obstruction and had ERCP during January 2009 to June 2010. The time from admission to confirmation of diagnosis, to interventional ERCP, and the length of hospital admission were investigated. ERCP should be available within 5 days from admission in our institute.

Results: 107 patients (45 male, 63 female), with mean age of 68 years (24–95) were included. 46 patients had ERCP within 5 days (<5days) of admission, 54 patients waited more than 5 days (>5days). 7 patients were discharged for outpatient ERCP. There was significant delay ($p=0.006$) in >5days group (median: 4 days) to achieve correct diagnosis by MRCP, than <5days group (median: 2 days). The total length of admission for >5days group (median 11 days) was significantly longer ($p<0.0001$) than <5days group (median 6 days). However, there was no significant difference ($p=0.5865$) in length of hospital stay post ERCP between >5days group (median 1 day) and <5days group (median: 2 days).

Conclusion: Early diagnosis of CBD obstruction can avoid delay in treatment and unnecessary prolonged hospital admission. When appropriate, MRCP should be considered as the first line of investigation.

0639 MANAGEMENT OF ACUTE TESTICULAR PAIN – THE GALWAY EXPERIENCE

M. Sheikh, N.P. Kelly, S. Jaffry. *Department of Urology, University College Hospital Galway, Newcastle Road, Galway*

Aim: The aim of our study is to assess the management of acute testicular pain in UCHG, Galway.

Methods: Medical notes of patients who presented to the Accident & Emergency department between January 2008 and November 2009 with acute testicular pain were reviewed.

Results: 34 patients accounted for 36 admissions. Ages ranged from 3 months to 90 years of age. Symptom duration varied from a few hours to three years. 36% of attendees had pain lasting 1–2 days. Pain and swelling were the commonest symptoms (97% and 81% respectively). Scrotal exploration was performed on 12 patients, 11 of whom were under the age of 35 years, and showed 6 cases of epididymitis (50%), 4 cases of hydrocele, (33%), one torticoid cyst of Morgagni (8%) and one torticoid testicle requiring orchidectomy (8%). Both torsions occurred in children under the age of 18 years.

Conclusion: On the basis of our study, we strongly suggest that patients younger than 25 years of age who present with short history with acute, sudden onset of testicular pain should be explored surgically on urgent basis. We recommend low threshold for surgical intervention as this is only way to exclude the emergency testicular torsion.

0644 A TISSUE-ENGINEERED APPROACH TO AUGMENTATION OF THE URINARY BLADDER

Rachel Oliver, Maggie Glover, Linge Wang, Gwendolen Reilly, Derek Rosario. *University of Sheffield, Sheffield, UK*

Aim: To compare the suitability of the biological scaffold, porcine urinary bladder matrix (UBM), with that of a novel synthetic scaffold, Poly(L-lactic acid) (PLLA), for the production of tissue-engineered patches for incorporation into the bladder, particularly with regards to their mechanical properties and ability to support 3D tissue formation.

Method: Uniaxial mechanical testing was conducted at a stretch rate of 0.1mm/s to 5.5mm maximum displacement. Composites were produced by seeding either a co-culture of oral keratinocytes and fibroblasts (UBM composites) or urothelial and bladder stromal cells (PLLA composites) onto scaffolds. Histological comparison involved H&E and PAS staining, and electron microscopy.

Results: Storage of UBM beyond 5 months resulted in increased stiffness and reduced quality of cell-adherence compared to fresh UBM. PLLA was stiffer than UBM and this was statistically significant for vapour annealed 1D spun PLLA samples ($p<0.001$). PLLA also demonstrated poor handling. Cells showed good organisation within UBM composites, but not for PLLA composites.

Conclusion: UBM appears more mechanically and histologically suitable than PLLA for use in producing tissue-engineered bladder patches. Storage

of UBM under these conditions for more than 5 months resulted in significant deterioration of the scaffold's mechanical properties and ability to support composite cell growth.

0647 INTRAOPERATIVE MOLECULAR DETECTION OF LYMPH NODE METASTASES AND MICRO-METASTASES: RESULTS OF THE FIRST UK CENTRE USING THE ONE STEP NUCLEIC ACID AMPLIFICATION ASSAY

Mahwash Babar¹, Rana Madani¹, Haresh Devalia¹, Lara Thwaites¹, Peter Jackson¹, Arun Chakravorty¹, Tracey Irvine¹, Mark Kissin¹, Graham Layer². ¹Royal Surrey County Hospital, Guildford, UK; ²University of Surrey, Guildford, UK

Background: One step nucleic acid amplification (OSNA), a highly sensitive intraoperative assay of cytokeratin 19 mRNA, is used for the detection of sentinel lymph node (SLN) macro- and micro-metastases in breast cancer. We present our two year data following the introduction of OSNA in our unit.

Methods: Data was collected prospectively from 2008–10. All eligible patients were offered OSNA by five consultant breast surgeons. On detection of micro-metastasis (+) and positive but inhibited metastases (i+), a level 1 axillary nodal clearance (ANC) and for a macro-metastasis (++) a level 3 ANC was performed.

Results: 471 patients had 999 SLN analysed, median age being 61. 34% (n=161/471) had positive SLN who had further ANC. Of these, 48% (n=78/161) had (++) , 37% (n=59/161) had (+) and 15% (n=24/161) had (i+) results. 17% (10/59) of the patients with (+) had positive non-SLN (NSLN), four (4/59, 6.8%) had four positive nodes (SLN+NSLN) thus receiving adjuvant radiotherapy. 8% (2/24) of those with (i+) and 39% (30/78) of those with (++) had positive NSLN.

Conclusion: Over a third of patients had OSNA positive SLN and underwent axillary surgery at the same operation. OSNA may potentially upstage patients with micro-metastases and long term studies are needed to determine the clinical relevance of molecular micro-metastatic disease.

0648 SEPSIS RELATED COAGULOPATHY IS A SIGNIFICANT PREDICTOR OF BLOOD PRODUCT USE IN EMERGENCY SURGICAL PATIENTS BUT MAY NOT REFLECT OUTCOME

Rachel Heard, Sherif Awad, Adam Brooks, Jonathan Alastair. *Simpson Nottingham University Hospital, Nottingham, UK*

Aim: To identify the proportion of emergency surgery patients with sepsis-related coagulopathy and compare postoperative outcomes.

Methods: Data were reviewed prospectively and cross-referenced with transfusion and pathology databases. Patients were categorised as non-Systemic Inflammatory Response Syndrome (SIRS), SIRS, or septic based on pre/intra-operative measures. Rates of coagulopathy, blood product transfusion, mortality and length of stay (LoS) were compared.

Results: 74 surgical patients were included (40 males), median age 65-years. 77% of the sepsis group (n=22) were coagulopathic, compared with 62% SIRS group (n=21) and 41% non-SIRS group (n=31) ($P=0.034$). 77% of the sepsis group received blood product transfusion vs. 66% and 32% SIRS and non-SIRS groups, ($P=0.002$). The SIRS group received the most blood transfusions on the day of surgery (62% vs. 22% non-SIRS group and 50% sepsis group, $P=0.011$). Median ITU stays were 8, 4 and 0 days respectively ($P<0.001$) for the sepsis, SIRS and non-SIRS groups; median hospital stays were 36, 11.5 and 15 days respectively ($P=0.006$); mortality at discharge was 14%, 25% and 10% respectively ($P=0.42$).

Conclusion: Overall, 30% emergency surgical patients developed peri-operative sepsis. There was clear correlation between sepsis, coagulopathy and transfusion but the relationship with LoS and mortality was not clear.

0649 THE IMPACT ON PLASTIC SURGERY OF POSTGRADUATE SURGERY REFORM IN THE UNITED KINGDOM

Daniel Saleh, Mark Iddington. *Leeds Teaching Hospitals, Leeds, UK*